

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/030706

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.											
1	4						51										
2		1					52										
3		1					53										
4		1					54										
5		1					55										
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12		1					62										
13		2					63										
14		2					64										
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16		2					66										
17		1					67										
18		2					68										
19	C	C					69										
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44							94										
45							95										
46							96										
47							97										
48							98										
49							99										
50							100										
TOTAL IND.		2					TOTAL IND.										
TOTAL DEP.		22					TOTAL DEP.										
TOTAL CLAIMS	24						TOTAL CLAIMS										